		RECORDS MANAGEMENT UNIT		
	npleting this form contact DHR Records Management Unit, 4 56-4976 GIST: 221-4983	17 Trinity Avenue, Atlanta, Georgia		
DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY		
Application Date	Division of Public Health	Application Number		
May 25, 1985	Adult Health Unit - Cancer Program Room 106 - 878 Peachtree Street, N.E.	85-81		
Application Number	Atlanta, Georgia 30309	Date Received Date Completed		
85-1	,,	JUN 1 0 1985 OCT 9 1985		
2. Person to Contact	Working Title	Telephone Number		
	Carol Steiner Program Manag			
3. Action Requested				
a. 🗷 Establish Retention Schedi	ule; record will continue to accumulate.			
b. Dispose of present accumu	lation; no further accumulation anticipated.			
c. Amend Application No.	Check One: Change; C Superced	de; ☐ Void		
4. Dates of Series	5. Records Series Title (followed by title used in office; if different)			
Earliest Latest				
	Cancer Patient Applications for State A	Aid Files		
7/1/84 to present 6. Division and Office Function	What is the function of the Division and the Office in which this	enanced engine in general 2		
B. Division and Office Function	Attact 2 the innerton of the Division and the Other in Mulci this	recura series is createur		
district and county be operate and administs	ancer, stroke, beart disease, and rheumatic fever; develop mass so maith staffs in these techniques; provide mecessary equipment and or a concer control program; and contract with hospitals to provide meir own or other resources.	supplies for mass screening;		
7. Records Series Description.	This file contains the following documents finclude form numbers and	titles, if any): Attach samples of the file.		
bility for receive the disease and of patient; whether of hospital and patient whether of hospital and patient wices. Also included wices. Also include has been approval means and the file is arranged: new for re-certification number; disapproportions on the state of the state	uating applications of cancer patients in ing State-Aid to pay for medical treatment (Application for State-Aid in the treatment e, sex, marital status of applicant; symtther findings concerned with the diagnosis or not patient has been previously treate hysician; financial resources of patient; caid; signatures of applicant and Directouded is the unnumbered form letter used to oved for treatment, and which gives an expinstructions to the patient. **approved applicants - numerically by case tion - alphabetically by name of clinic, the oved applicants - by month of denial, there which no action was taken - alphabetically How often are records referred to which are: uently Seven to twelve months old frequently Thirteen to twe trarely ?	it of Cancer) which shows name, coms, diagnosis, evidence of a; general condition of the ed for cancer; if yes, name if patient is eligible for or of Family and Children Seron notify the patient that he/clanation as to what the appearance number; applicants approved hereunder numerically by case eunder alphabetically by name; by name of applicant.		
9. Annual Rate of Accumulation of	or Records			
Letter-size drawers 2	Legal-size drawers; Shelves;	Other (Specify)		

(Over)

Form 4998 (Rev. 7-84)

x b. Does th	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. patient name and information concerning treatment and payment						
_ 	vital record?						
	is series have historical or l	ong term research ve	lue?				
1 👿 1	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?						
	formation contained in thi	is series ever publishe	d? If yes, attach o	х ору.			
	nformation contained in thi	is series ever analyze	d and/or recorded i	n a summarized report?			
1	a duplication of this series where?	in your office, or in	another office or a	igency?			
	eries <i>(or a major portion o</i>		ilmed?				
X j. Does th	ne record series result in a c						
Retention Requireme	nts	The followin	g requires the series	i to be kept:			
a. State Law		years.	d.	Audit period	years.		
b. Statute of limitat	ion	years.	٠.	Administrative need	<u>5</u> years.		
c. Federal law 🕜		years.	f.	Federal retention instructions	years.		
552a - Reco on individu		to pay	y for medica	the application for al treatment of can but off at the end of each:			
 Approved Disposition Beginning July 				ut off at the end of each:	then,		
pegiming anta	T, IFOT LI Calend	lar tear; - AUPISCAL T	ear; Li Uther	· · · · · · · · · · · · · · · · · · ·	,		
M Hold in the curren	t files area		year(s);	then			
	olding area; hold						
Transfer to State I	Records Center; hold	year(s); t	hen				
Destroy							
	Archives for permanent rete	ention.					
Other (Specify)	•						
			1				
		•					
.•				ě			
	These instructions	s apply to all prior ar	nd future accumula	tion of records for this series titl	e		
Sie	gnatūre	Date	Ţ :	Signature	Date		
DHR Office/Division —	Director/Designee		DHR Records	Management Supervisor			
			ELIZABET	HW. CRANK, CRM-RMA	5/15/85		
DHR Section/Unit - Ch	lef/Supervisor/Designee		DHR Records	s Management			
Carel BX	time	5/15/85	PAUL T. N	IURPHY, RMT			
	STATE RECO	RDS COMMITTEE		Signature	Date		
Retention recommendation paragraph 12 are apple— If not approved, pleas	oved State Auditor	State Auditor/Designee		talmer	10/4/85		
attach a letter of explan	ation.	Secretary of State/Designee		of bued	10/3/86		
		,					
·	Attorney Ger	neral/Designee	A.	Muse	10/4/25		